

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2016 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2016 or fiscal plan year beginning <u>01/01/2016</u> and ending <u>12/31/2016</u>			
A	This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____	
B	This return/report is:	☐ the first return/report ☐ the final return/report ☒ an amended return/report ☐ a short plan year return/report (less than 12 months)	
C	If the plan is a collectively-bargained plan, check here. ☒		
D	Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)	

Part II	Basic Plan Information —enter all requested information		
1a	Name of plan <u>HUBBELL INC. RETIREMENT PLAN FOR COLLECTIVELY BARGAINED HOURLY EMPLOYEES</u>	1b	Three-digit plan number (PN) ▶ <u>007</u>
		1c	Effective date of plan <u>08/01/1959</u>
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>HUBBELL INC. & SUBSIDIARIES</u> <u>40 WATERVIEW DRIVE</u> <u>P.O. BOX 1000</u> <u>SHELTON, CT 06484-1000</u>	2b	Employer Identification Number (EIN) <u>06-0397030</u>
		2c	Plan Sponsor's telephone number <u>475-882-4000</u>
		2d	Business code (see instructions) <u>335900</u>

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	01/09/2020	STEPHEN M. MAIS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number) <u>DWORKEN, HILLMAN, LAMORTE & STERCZALA</u> <u>FOUR CORPORATE DR. SUITE 488</u> <u>SHELTON, CT 06484</u>			Preparer's telephone number <u>203-929-3535</u>

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name		4b EIN	
		4c PN	
5 Total number of participants at the beginning of the plan year		5	5207
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).			
a(1) Total number of active participants at the beginning of the plan year.....		6a(1)	1598
a(2) Total number of active participants at the end of the plan year		6a(2)	1506
b Retired or separated participants receiving benefits.....		6b	1531
c Other retired or separated participants entitled to future benefits		6c	1187
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	4224
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	198
f Total. Add lines 6d and 6e		6f	4422
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	114
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1B			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☐ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2016 Form M-1 annual report. If the plan was not required to file the 2016 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2016 This Form is Open to Public Inspection
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For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>HUBBELL INC. RETIREMENT PLAN FOR COLLECTIVELY BARGAINED HOURLY EMPLOYEES</u>	B Three-digit plan number (PN) ▶ <u>007</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>HUBBELL INC. & SUBSIDIARIES</u>	D Employer Identification Number (EIN) <u>06-0397030</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2016</u>	
2 Assets:	
a Market value	2a <u>147850114</u>
b Actuarial value	2b <u>156142220</u>
3 Funding target/participant count breakdown	(1) Number of participants (2) Vested Funding Target (3) Total Funding Target
a For retired participants and beneficiaries receiving payment.....	<u>2384</u> <u>72344233</u> <u>72344233</u>
b For terminated vested participants.....	<u>1225</u> <u>24482895</u> <u>24482895</u>
c For active participants.....	<u>1598</u> <u>31855478</u> <u>33565032</u>
d Total.....	<u>5207</u> <u>128682606</u> <u>130392160</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐	
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b
5 Effective interest rate	5 <u>6.09 %</u>
6 Target normal cost.....	6 <u>2503998</u>

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE		<u>09/19/2017</u>
	Signature of actuary	Date
<u>STEVEN T JAMES</u>	Type or print name of actuary	<u>17-06406</u>
<u>TOWERS WATSON DELAWARE INC.</u>	Firm name	Most recent enrollment number
<u>3340 PLAYERS CLUB PARKWAY</u> <u>SUITE 200</u> <u>MEMPHIS, TN 38125</u>	Address of the firm	<u>901-930-0000</u>
		Telephone number (including area code)

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2016
v. 160205

Part II		Beginning of Year Carryover and Prefunding Balances	
		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	29082220	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	2187938	0
9	Amount remaining (line 7 minus line 8)	26894282	0
10	Interest on line 9 using prior year's actual return of <u>-3.82</u> %	-1027362	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.31</u> %		0
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections		0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	25866920	0

Part III		Funding Percentages	
14	Funding target attainment percentage	14	99.91%
15	Adjusted funding target attainment percentage	15	119.74%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	122.36%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV		Contributions and Liquidity Shortfalls	
18 Contributions made to the plan for the plan year by employer(s) and employees:			
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	
12/29/2016	3700000		
		Totals ►	18(b) 3700000 18(c)

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
a Contributions allocated toward unpaid minimum required contributions from prior years	19a
b Contributions made to avoid restrictions adjusted to valuation date	19b
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 3488750
20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year?	☐ Yes ☒ No
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☐ Yes ☐ No
c If line 20a is "Yes," see instructions and complete the following table as applicable:	
Liquidity shortfall as of end of quarter of this plan year	
(1) 1st	(2) 2nd
(3) 3rd	(4) 4th

Part V	Assumptions Used to Determine Funding Target and Target Normal Cost		
21	Discount rate:		
a	Segment rates:	<div style="display: flex; justify-content: space-around;"> <div>1st segment: 4.43%</div> <div>2nd segment: 5.91%</div> <div>3rd segment: 6.65%</div> </div>	☐ N/A, full yield curve used
b	Applicable month (enter code)	21b	4
22	Weighted average retirement age	22	64
23	Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute		
Part VI	Miscellaneous Items		
24	Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No		
25	Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No		
26	Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No		
27	If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.	27	
Part VII	Reconciliation of Unpaid Minimum Required Contributions For Prior Years		
28	Unpaid minimum required contributions for all prior years	28	0
29	Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	29	0
30	Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0
Part VIII	Minimum Required Contribution For Current Year		
31	Target normal cost and excess assets (see instructions):		
a	Target normal cost (line 6)	31a	2503998
b	Excess assets, if applicable, but not greater than line 31a	31b	0
32	Amortization installments:	Outstanding Balance	Installment
a	Net shortfall amortization installment	0	0
b	Waiver amortization installment	0	0
33	If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34	Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	2503998
	Carryover balance	Prefunding balance	Total balance
35	Balances elected for use to offset funding requirement	0	0
36	Additional cash requirement (line 34 minus line 35)	36	2503998
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	3488750
38	Present value of excess contributions for current year (see instructions)		
a	Total (excess, if any, of line 37 over line 36)	38a	984752
b	Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0
39	Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0
40	Unpaid minimum required contributions for all years	40	0
Part IX	Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)		
41	If an election was made to use PRA 2010 funding relief for this plan:		
a	Schedule elected	☐ 2 plus 7 years ☐ 15 years	
b	Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011	
42	Amount of acceleration adjustment	42	
43	Excess installment acceleration amount to be carried over to future plan years	43	

<div>SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration</div>		<div>DFE/Participating Plan Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>		<div>OMB No. 1210-0110</div> <div>2016</div> <div>This Form is Open to Public Inspection.</div>	
For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016					
A Name of plan HUBBELL INC. RETIREMENT PLAN FOR COLLECTIVELY BARGAINED HOURLY EMPLOYEES			B Three-digit plan number (PN) ▶		007
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 HUBBELL INC. & SUBSIDIARIES			D Employer Identification Number (EIN) 06-0397030		
Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)					
a Name of MTIA, CCT, PSA, or 103-12 IE: HUBBELL INC. MASTER PENSION TRUST					
b Name of sponsor of entity listed in (a): HUBBELL INC. & SUBSIDIARIES					
c EIN-PN 06-0397030-062		d Entity code M	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 137547246		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		

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Schedule D (Form 5500) 2016 v.160205

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
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103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2016
		This Form is Open to Public Inspection

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016		
A Name of plan HUBBELL INC. RETIREMENT PLAN FOR COLLECTIVELY BARGAINED HOURLY EMPLOYEES	B Three-digit plan number (PN) ►	007
C Plan sponsor's name as shown on line 2a of Form 5500 HUBBELL INC. & SUBSIDIARIES	D Employer Identification Number (EIN) 06-0397030	

Part I	Asset and Liability Statement
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	147850115	137547246
(12) Value of interest in 103-12 investment entities.....	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities	1d(1)	
(2)	Employer real property	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	147850115 137547246
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	259092 469502
i	Acquisition indebtedness	1i	
j	Other liabilities	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	259092 469502
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	147591023 137077744

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

		(a) Amount	(b) Total
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	3700000
	(B) Participants	2a(1)(B)	
	(C) Others (including rollovers)	2a(1)(C)	
(2)	Noncash contributions	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	3700000
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	
	(B) U.S. Government securities	2b(1)(B)	
	(C) Corporate debt instruments	2b(1)(C)	
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans	2b(1)(E)	
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	
(2)	Dividends: (A) Preferred stock	2b(2)(A)	
	(B) Common stock	2b(2)(B)	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		2344784
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		6044784

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	16558063	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		16558063
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		
j Total expenses. Add all expense amounts in column (b) and enter total	2j		16558063

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-10513279
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: DHL&S, P.C.

(2) EIN: 06-1308345

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)

	Yes	No	Amount
4a		X	
4b		X	

		Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		75000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i		X	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			
o Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?	4o			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
If "Yes," enter the amount of any plan assets that reverted to the employer this year. ☐ Yes ☒ No **Amount:**

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☒ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 3993636. (See instructions.)

Part V Trust Information

6a Name of trust	6b Trust's EIN
6c Name of trustee or custodian	6d Trustee's or custodian's telephone number

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>► File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2016</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016		
A Name of plan HUBBELL INC. RETIREMENT PLAN FOR COLLECTIVELY BARGAINED HOURLY EMPLOYEES		B Three-digit plan number (PN) ► 007
C Plan sponsor's name as shown on line 2a of Form 5500 HUBBELL INC. & SUBSIDIARIES		D Employer Identification Number (EIN) 06-0397030
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions		1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 36-6741811		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year		3 12
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☒ No ☐ N/A		
If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month Day Year		
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a 0
b Enter the amount contributed by the employer to the plan for this plan year		6b 0
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ☐ Increase ☐ Decrease ☐ Both ☒ No		
Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2016 v. 160205		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14	Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:		
	a The current year	14a	
	b The plan year immediately preceding the current plan year	14b	
	c The second preceding plan year	14c	
15	Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:		
	a The corresponding number for the plan year immediately preceding the current plan year	15a	
	b The corresponding number for the second preceding plan year	15b	
16	Information with respect to any employers who withdrew from the plan during the preceding plan year:		
	a Enter the number of employers who withdrew during the preceding plan year	16a	
	b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	0
17	If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐		

Part VI	Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans
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18	If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment	☐
19	If the total number of participants is 1,000 or more, complete lines (a) through (c)	
	a Enter the percentage of plan assets held as: Stock: <u>17.0</u> % Investment-Grade Debt: <u>54.0</u> % High-Yield Debt: <u>5.0</u> % Real Estate: _____% Other: <u>24.0</u> %	
	b Provide the average duration of the combined investment-grade and high-yield debt: ☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☒ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more	
	c What duration measure was used to calculate line 19(b)? ☒ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):	

Part VII	IRS Compliance Questions
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20a Is the plan a 401(k) plan? If "No," skip b	☐ Yes ☐ No
20b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	☐ Design-based safe harbor ☐ "Prior year" ADP test ☐ "Current year" ADP test ☐ N/A
21a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	☐ Ratio percentage test ☐ Average benefit test ☐ N/A
21b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?	☐ Yes ☐ No
22a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of the letter / / and the serial number	
22b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination letter / /	

Financial Statements

**HUBBELL INCORPORATED
RETIREMENT PLAN FOR
COLLECTIVELY BARGAINED
HOURLY EMPLOYEES**

Years Ended December 31, 2016 and 2015

Plan Number: 007

Plan Sponsor EIN: 06-0397030

**HUBBELL INCORPORATED RETIREMENT PLAN
FOR COLLECTIVELY BARGAINED HOURLY EMPLOYEES**

Years Ended December 31, 2016 and 2015

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Notes to financial statements	5-23

Note: Supplementary schedules are not included with these financial statements as they are not applicable.



DWORKEN, HILLMAN, LAMORTE & STERCZALA, P.C.
Certified Public Accountants / Business Consultants

Independent Auditors' Report

To the Participants and Administrator
Hubbell Incorporated Retirement Plan for
Collectively Bargained Hourly Employees

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Hubbell Incorporated Retirement Plan for Collectively Bargained Hourly Employees (the "Plan"), which comprise the statements of net assets available for Plan benefits as of December 31, 2016 and 2015, and the related statements of changes in and net assets available for Plan benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Plan management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting our audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 8, which was certified by The Northern Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2016 and 2015, that the information provided to the Plan administrator by the trustee is complete and accurate.



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Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Report on Form and Content in Compliance With DOL Rules and Regulations

The form and content of the information included in the financial statements, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

October 13, 2017
Shelton, Connecticut

Dunker, Hillman, LaMonte & Stenczala, P.C.

HUBBELL INCORPORATED RETIREMENT PLAN
FOR COLLECTIVELY BARGAINED HOURLY EMPLOYEES

STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS

	December 31,	
	<u>2016</u>	<u>2015</u>
Assets:		
Investment in Hubbell Incorporated Master Pension Trust	\$137,547,246	\$147,850,115
Liabilities:		
Accrued expenses	(<u>469,502</u>)	(<u>259,092</u>)
Net assets available for Plan benefits	<u>\$137,077,744</u>	<u>\$147,591,023</u>

HUBBELL INCORPORATED RETIREMENT PLAN
FOR COLLECTIVELY BARGAINED HOURLY EMPLOYEES

**STATEMENTS OF CHANGES IN AND NET ASSETS
AVAILABLE FOR PLAN BENEFITS**

	Year Ended December 31,	
	<u>2016</u>	<u>2015</u>
Additions:		
Net appreciation (depreciation) in fair value of investments	\$ 697,889	(\$ 9,386,130)
Dividend, interest, and other investment income	3,411,659	4,123,858
Employer contributions	<u>3,700,000</u>	<u> </u>
Total additions (deductions)	<u>7,809,548</u>	<u>(5,262,272)</u>
Deductions:		
Benefit payments to participants	16,558,063	14,051,894
Investment and other expenses	<u>1,764,764</u>	<u>1,590,038</u>
Total deductions	<u>18,322,827</u>	<u>15,641,932</u>
Net change in assets available for Plan benefits	(10,513,279)	(20,904,204)
Net assets available for Plan benefits, beginning of year	<u>147,591,023</u>	<u>168,495,227</u>
Net assets available for Plan benefits, end of year	<u>\$137,077,744</u>	<u>\$147,591,023</u>

See notes to financial statements.

HUBBELL INCORPORATED RETIREMENT PLAN
FOR COLLECTIVELY BARGAINED HOURLY EMPLOYEES

NOTES TO FINANCIAL STATEMENTS

Years Ended December 31, 2016 and 2015

1. Description of the Plan:

The following is a brief description of the Hubbell Incorporated Retirement Plan for Collectively Bargained Hourly Employees (the “Plan”) and is provided for general information purposes only. Participants should refer to the Plan agreement for more complete information.

Participation:

The Plan of Hubbell Incorporated (the “Company”) is a defined benefit (non-contributory) plan which covers each employee whose benefits are subject to collective bargaining, provided the employee is a member of a group to which the Plan has been extended by resolution of the Company’s Board of Directors. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

Retirement benefits:

Monthly normal retirement benefits, which are payable at age 65, are determined by multiplying a participant’s years of credited service by the applicable monthly benefit rate, dependent on the location.

The Plan also provides for the payment of lesser benefits if an employee elects early retirement after attaining a stated age and number of years of benefit service. In addition, certain optional forms of benefit payments are available.

Participants become fully vested in the Plan after they have completed five years of service. Any forfeitures arising due to the termination of service of nonvested employees shall be used to reduce the Company’s subsequent contributions to the Plan.

Death and disability benefits:

If an active married employee dies after being vested, a pre-retirement survivor annuity would be paid to the employee’s surviving spouse. Active employees who become totally disabled receive annual disability benefits that are computed the same as normal retirement, with benefits based on either service accrued as of the date of disability, or projected to age 65, depending on the group of which the participant is a member, provided they have the required years of credited service. Disability payments are paid until normal retirement age, at which time disabled participants begin receiving normal retirement benefits computed as though they had been employed to normal retirement age with their annual compensation remaining the same as at the time they became disabled.

HUBBELL INCORPORATED RETIREMENT PLAN
FOR COLLECTIVELY BARGAINED HOURLY EMPLOYEES

NOTES TO FINANCIAL STATEMENTS

Years Ended December 31, 2016 and 2015

1. Description of the Plan (continued):

Amendments:

The Plan was amended to increase the benefit multiplier for the Hubbell Powers Systems in Centralia, Missouri division to \$29.50 per year of service on or after January 1, 2014, \$30.25 per year of service on or after January 1, 2016, \$31.00 per year of service on or after January 1, 2017, \$31.75 per year of service on or after January 1, 2018, and \$32.50 per year of service on or after January 1, 2019. Effective January 1, 2016, the Plan was amended so that no participant may earn more than 36 years of benefit service.

The Plan was amended to increase the benefit multiplier for the E.M. Weigmann in Freedburg, Illinois division to \$32 times years of benefit service credited effective January 1, 2013, \$33 effective January 1, 2014, and \$34 effective January 1, 2015. Additional retirement benefit accruals were frozen effective January 1, 2016 for participants hired after December 31, 1999. In addition, the Plan was frozen to new participants effective January 1, 2016.

The Plan was amended to increase the benefit multiplier for the Leeds, Alabama division to \$30.35, effective October 1, 2013 for future service for employees hired prior to September 16, 1999, and \$17.50 for future service for employees hired on or after September 16, 1999. Effective October 1, 2014, the multipliers increase to \$30.85 and \$18, respectively. The multiplier for employees hired prior to September 16, 1999 increased to \$31.85 effective October 1, 2015, \$32.85 effective October 1, 2016 and \$33.85 effective October 1, 2017. Additional retirement benefit accruals for participants hired after September 16, 1999 were frozen effective November 30, 2015. In addition, the Plan was frozen to new participants effective November 30, 2015.

The Plan was amended to increase the benefit multiplier for the Killark Electric in St. Louis, Missouri division to \$30.66 per year of service on or after January 1, 2013, \$31.66 per year of service on or after January 1, 2014, \$32.66 per year of service on or after January 1, 2015, and \$33.66 per year of service on or after January 1, 2016. In addition, the Plan was frozen to new participants effective October 1, 2017.

The Plan was amended to increase the benefit multiplier for the Raco in South Bend, Indiana division to \$41 per year of service on or after January 1, 2013, \$42 per year of service on or after January 1, 2014, and \$43 per year of service on or after January 1, 2015. Additional retirement benefit accruals were frozen effective January 1, 2016. In addition, the Plan was frozen to new participants effective January 1, 2016.

HUBBELL INCORPORATED RETIREMENT PLAN
FOR COLLECTIVELY BARGAINED HOURLY EMPLOYEES

NOTES TO FINANCIAL STATEMENTS

Years Ended December 31, 2016 and 2015

1. Description of the Plan (continued):

Amendments (continued):

The Plan was amended to increase the benefit multipliers for the Hubbell Power Systems (Ohio Brass) in Aiken, South Carolina for years of service on or after January 1, 2014 through 2016. The multipliers vary based on years of service in four categories (i) 1 to 10 years of service (\$16.25 - \$17.25), (ii) 11 to 29 years of service (\$18.50 - \$19.50), (iii) 30 or more years of service (\$20.75 - \$21.75), and (iv) hired prior to January 1, 1975 (\$27.25 - \$28.25). During 2015, the Plan was amended to increase the benefit multipliers for years of service on or after January 1, 2017 through 2019. The multipliers vary based on years of service in the following categories (i) 1 to 10 years of service (\$17.75 - \$18.75), (ii) 11 to 29 years of service (\$20.00 - \$21.00), and (iii) 30 or more years of service (\$22.25 - \$23.25). In addition, the Plan was frozen to new participants effective June 27, 2016.

The Plan was amended to freeze all benefits for the Christiansburg, Virginia division effective August 1, 2017. However, participants who have accrued benefits shall continue to earn vesting service in accordance with the terms of Plan.

Administration:

A Retirement Committee appointed by the Company and who serve without compensation is responsible for the general administration of the Plan and makes the final determination on all questions arising in connection with the interpretation, application, and administration of the Plan.

2. Summary of significant accounting policies:

General:

The assets of the Plan are held in the Hubbell Incorporated Master Pension Trust (the “Master Trust”) which contains the assets of three pension plans of the Company. The Northern Trust Company (the “Trustee”) serves as trustee for the Plan and as custodian of the investments.

Basis of accounting:

The accompanying financial statements are prepared on the accrual basis of accounting.

HUBBELL INCORPORATED RETIREMENT PLAN
FOR COLLECTIVELY BARGAINED HOURLY EMPLOYEES

NOTES TO FINANCIAL STATEMENTS

Years Ended December 31, 2016 and 2015

2. **Summary of significant accounting policies** (continued):

Estimates:

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan administrator to make estimates and assumptions that affect certain reported amounts of assets, liabilities, and changes therein, and disclosure of actuarial present value of accumulated plan benefits. Accordingly, actual results may differ from those estimates and assumptions.

Investment valuation and income recognition:

The Plan's interest in the Master Trust is reported at fair value based on the fair value of the underlying investments. See Note 6 for a discussion of fair value measurements.

The income (reported on the accrual basis) and asset appreciation (depreciation) of the Master Trust have been allocated to the participating plans on a percentage basis. The allocation is based on the preceding quarterly market value of the Plan's assets, net of actual contributions and benefit payments relating to the Plan for the subsequent quarter. Notes 5 and 8 contain additional information about the Master Trust.

Investment and other expenses:

Investment and other allowable Plan expenses are paid by the Plan directly. Other unallowable expenses are paid by the Plan sponsor.

Actuarial present value of accumulated Plan benefits:

Accumulated Plan benefits are those future periodic payments, including lump sum distributions, that are attributable under the Plan's provisions to the service employees have rendered. Accumulated Plan benefits include benefits expected to be paid to (a) retired or terminated employees or their spouses and (b) present employees or their spouses. Accumulated Plan benefits for active employees are based on their years of service and monthly benefit rate on the date the benefit information is presented (valuation date).

As of December 31, 2016 and 2015, benefits payable under all circumstances - retirement, disability, death and termination of employment are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

HUBBELL INCORPORATED RETIREMENT PLAN
FOR COLLECTIVELY BARGAINED HOURLY EMPLOYEES

NOTES TO FINANCIAL STATEMENTS

Years Ended December 31, 2016 and 2015

2. **Summary of significant accounting policies (continued):**

Actuarial present value of accumulated Plan benefits (continued):

The actuarial present value of accumulated Plan benefits is determined by an independent actuary and is the amount that results from applying actuarial assumptions to adjust the accumulated Plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

The significant actuarial assumptions used in the December 31, 2016 and 2015 valuations were (a) life expectancy of participants (2016 and 2015; RP-2000 combined mortality tables without collar or amounts adjustments, with generational projection using Scale BB-2D), (b) retirement age assumptions (for certain divisions, age 62 if age plus years of service equals 90 or more; for others, 7% of employees will retire between ages of 55 and 61, 11% between ages of 62 and 64, 45% between ages of 65 and 69, and 100% at age 70), and (c) discount rate of 4.30% for 2016 and 4.80% for 2015.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

In October 2014, the Society of Actuaries released RP-2014 Mortality Tables to reflect improvements in the overall life expectancies of pension plan participants in the United States. Plan management consulted with the Plan's actuary and determined, based on the Plan's mortality experience, that the mortality tables used in the January 1, 2017 and 2016 valuations more accurately reflect the Plan's experience.

Payment of benefits:

Benefit payments to participants are recorded upon distribution.

Effective for distributions paid after November 30, 2015, participants whose retirement benefit has an Actuarial Equivalent Value of less than \$5,000 will have their balance paid out in a lump sum installment or automatically rolled over into an individual retirement account.

HUBBELL INCORPORATED RETIREMENT PLAN
FOR COLLECTIVELY BARGAINED HOURLY EMPLOYEES

NOTES TO FINANCIAL STATEMENTS

Years Ended December 31, 2016 and 2015

2. Summary of significant accounting policies (continued):

Retirement annuity purchase:

In November 2016 the Company entered into an agreement to transfer future benefit payment obligations for approximately 2,500 retirees of this Plan and the Hubbell Incorporation Retirement Plan for Salaried and Hourly Employees. The Plan paid approximately \$8,700,000 in premiums to Voya Retirement Insurance and Annuity Company for the purchase of annuity contracts for the identified retirees of this Plan. This payment is included within benefit payments to participants in the statements of changes in and net assets available for Plan benefits.

Recent accounting pronouncements:

In July 2015, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Update No. 2015-12 ("ASU 2015-12") to reduce complexities in employee benefit plan accounting. ASU 2015-12 eliminates certain disclosures previously required by FASB Accounting Standards Codification 960, *Defined Benefit Pension Plans*. The Plan has adopted the provisions of ASU 2015-12 and has applied the relevant guidance in the preparation of the financial statements for the years ended December 31, 2016 and 2015.

3. Funding policy:

All contributions to provide benefits under the Plan are made by the Company. The amount of the annual contribution is determined by the Company based on a computation made by an independent actuary. The Company's contributions have equaled or exceeded the minimum funding requirement of ERISA for the years ended December 31, 2016 and 2015.

Although it has not expressed any intention to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA.

4. Plan termination priorities:

In the event of discontinuance of the Plan, the assets then remaining shall be allocated to the extent they will be sufficient after making provision for all administrative expenses, in the following order of preference:

A. To provide for the payment of pensions to participants in the following two subcategories:

1. Retired pensioners who were receiving benefits three years prior to termination.

HUBBELL INCORPORATED RETIREMENT PLAN
FOR COLLECTIVELY BARGAINED HOURLY EMPLOYEES

NOTES TO FINANCIAL STATEMENTS

Years Ended December 31, 2016 and 2015

4. Plan termination priorities (continued):

2. Participants who would have been receiving benefits three years prior to termination had they been retired.
- B. To provide for the payment required by the termination insurance provisions of ERISA.
- C. To provide for the payment of pensions to vested participants, whose vested pensions have not commenced.
- D. To provide for the payment of pensions to the remaining participants.

To the extent unfunded vested benefits exist, ERISA provides that such benefits are payable by the Pension Benefit Guaranty Corporation to participants up to specified limitations.

5. Interest in Hubbell Incorporated Master Pension Trust:

The Plan's investments are in the Master Trust, which was established for the investment of assets of the Plan and several other Hubbell Incorporated sponsored retirement plans. Each participating retirement plan has an undivided interest in the Master Trust. The assets of the Master Trust are held by The Northern Trust Company (Trustee).

The value of the Plan's interest in the Master Trust is based on the beginning of year value of the Plan's interest in the trust plus actual contributions and allocated investment income less actual distributions and allocated administrative expenses. At December 31, 2016 and 2015, the Plan's interest in the net assets of the Master Trust was approximately 22.8% and 22.6%, respectively. Investment income and administrative expenses (except for expenses directly related to a specific plan) relating to the Master Trust are allocated to the individual plans based upon average monthly balances invested by each Plan.

The following table presents the assets, including investments, of the Master Trust:

	December 31,	
	2016	2015
Cash	\$ 14,338,368	\$ 34,667,343
Common stock	53,944,028	62,066,731
Common stock – Hubbell Incorporated	40,048,639	34,674,503
Corporate bonds – preferred		2,487,732
Corporate bonds	13,006,483	121,036,544
U.S. Government securities	332,073,286	196,673,567
Registered investment companies	37,917,854	56,330,291

HUBBELL INCORPORATED RETIREMENT PLAN
FOR COLLECTIVELY BARGAINED HOURLY EMPLOYEES

NOTES TO FINANCIAL STATEMENTS

Years Ended December 31, 2016 and 2015

5. **Interest in Hubbell Incorporated Master Pension Trust** (continued):

	December 31,	
	2016	2015
Common/collective trusts	27,669,710	22,470,614
Partnership/joint venture interests	47,128,024	47,861,304
Alternative investments and other	<u>34,197,422</u>	<u>73,778,233</u>
	600,323,814	652,046,862
Accrued income receivable	<u>3,076,518</u>	<u>3,291,650</u>
	<u>\$603,400,332</u>	<u>\$655,338,512</u>
Plan interest in Master Trust	<u>\$137,547,246</u>	<u>\$147,850,115</u>

The following table presents the changes in net assets of the Master Trust:

	Year Ended December 31,	
	2016	2015
Master Trust net assets, beginning of year	\$655,338,512	\$724,705,754
Additions:		
Employer contributions	10,000,000	20,000,000
Net appreciation (depreciation) in fair value of investments	3,003,267	(41,571,594)
Dividend income	2,223,932	1,855,171
Interest income	12,890,632	16,328,047
Other investment income	26,637	29,126
Total additions (deductions)	<u>28,144,468</u>	<u>(3,359,250)</u>
Deductions:		
Benefits paid to participants	75,368,016	60,147,765
Administrative expenses	4,714,632	5,860,227
Total deductions	<u>80,082,648</u>	<u>66,007,992</u>
Master Trust net assets, end of year	<u>\$603,400,332</u>	<u>\$655,338,512</u>

HUBBELL INCORPORATED RETIREMENT PLAN
FOR COLLECTIVELY BARGAINED HOURLY EMPLOYEES

NOTES TO FINANCIAL STATEMENTS

Years Ended December 31, 2016 and 2015

5. Interest in Hubbell Incorporated Master Pension Trust (continued):

The following table presents the investments that represent 5% or more of the Master Trust's net assets:

	December 31,	
	<u>2016</u>	<u>2015</u>
Morgan Stanley Institutional Caymen Fund LP, 28,480,573 shares	\$42,661,665	\$41,835,376
Hubbell Inc. Common Stock, 343,176 shares	\$40,048,639	\$34,674,503
United States Treasury Bonds, \$33,500,000 par value, 3.125%, due 2/15/2042	\$33,993,355	(a)
United States Treasury Bonds, \$30,600,000 par value, 3.625%, due 8/15/2043	\$33,933,717	(a)
United States Treasury Bonds, \$33,300,000 par value, 3.125%, due 11/15/2041	\$33,795,604	(a)
United States Treasury Bonds, \$29,775,000 par value, 3.75%, due 11/15/2043	\$33,758,567	(a)
United States Treasury Bonds, \$26,000,000 par value, 4.25%, due 11/15/2040	\$31,565,612	(a)
United States Treasury Bonds, \$27,400,000 par value, 3.875%, due 8/15/2040	\$31,459,694	(a)
United States Treasury Bonds, \$26,900,000 par value, 3.75%, due 8/15/2041	\$30,297,174	(a)
United States Treasury Inflation Protected Securities, 44,209,000 par value	(a)	\$42,927,975
Morgan Stanley Institutional Fund, Multi-Asset Portfolio, 4,195,914 shares	(a)	\$42,672,446

(a) Balance did not represent 5% or more of the Master Trust's net assets on the respective date.

6. Fair value measurements of investments:

Investments are reported at fair value in the accompanying Statement of Net Assets Available for Plan Benefits. Accounting Standards Codification 820, *Fair Value Measurements and Disclosures* ("ASC 820"), establishes a framework for measuring fair value. That framework provides a hierarchy that prioritizes the inputs to valuation techniques used to measure fair value.

HUBBELL INCORPORATED RETIREMENT PLAN
FOR COLLECTIVELY BARGAINED HOURLY EMPLOYEES

NOTES TO FINANCIAL STATEMENTS

Years Ended December 31, 2016 and 2015

6. **Fair value measurements of investments** (continued):

The hierarchy assigns the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements).

The three levels of the fair value hierarchy under ASC 820, along with a brief description of each, are as follows:

Level 1 – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 – Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- observable inputs for the asset or liability other than quoted prices; and
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 – Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level with the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

A description of the valuation methodologies used to measure Plan assets at fair value is provided below:

Hubbell Incorporated common stock – Valued at the closing price reported on the New York Stock Exchange.

Common stock, preferred stock, and U.S. Government Securities – Valued at the closing price as reported on the active market on which the identical security is traded.

HUBBELL INCORPORATED RETIREMENT PLAN
FOR COLLECTIVELY BARGAINED HOURLY EMPLOYEES

NOTES TO FINANCIAL STATEMENTS

Years Ended December 31, 2016 and 2015

6. Fair value measurements of investments (continued):

Corporate bonds – Corporate bonds are valued at the closing price reported in the active market in which the bond is traded.

Registered investment companies – Valued at the net asset value per share as reported in the active markets on which the individual securities are traded. There are no restrictions as to the redemption of these investments nor does the Plan have any contractual obligations to further invest in any of the individual registered investment companies.

Common/collective trusts – Valued based on discounted cash flow analysis employing yields currently available on comparable securities of issuers with similar credit ratings.

Partnership/joint venture interests – Valued based on prices received from an external manager or other pricing source.

Alternative investments – Represents investments in hedge funds. Valued based on prices received from an external manager or other pricing sources.

Other – Represents foreign currencies, foreign future contracts, and foreign currency denominated short-term debt obligations. Valued at the closing price for similar assets or liabilities reported in the active markets in which these investments are traded.

<u>Quantitative Information About Level 3 Fair Value Measurements</u>				
	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
<u>December 31, 2016</u>				
Partnership/joint venture interests	\$42,661,665	-	Quarterly	60 days notice
Partnership/joint venture interests	\$ 4,441,705	\$ 402,120	Self-liquidating	13 years from first closing, subject to up to 4 one-year extensions
Alternative investments	\$27,422,506	-	Quarterly	95 days notice
Alternative investments	\$ 2,700,318	-	None	Not applicable
<u>December 31, 2015</u>				
Partnership/joint venture interests	\$41,835,376	-	Quarterly	60 days notice
Partnership/joint venture interests	\$ 5,994,421	\$ 427,753	Self-liquidating	13 years from first closing, subject to up to 4 one-year extensions
Alternative investments	\$29,669,646	-	Quarterly	95 days notice
Alternative investments	\$ 3,664,954	-	None	Not applicable

HUBBELL INCORPORATED RETIREMENT PLAN
FOR COLLECTIVELY BARGAINED HOURLY EMPLOYEES

NOTES TO FINANCIAL STATEMENTS

Years Ended December 31, 2016 and 2015

6. Fair value measurements of investments (continued):

The Plan administrator determines the fair value measurement policies and procedures, subject to oversight by the Company's employee benefit committee. Those policies and procedures are reassessed at least annually to determine if the current valuation techniques are still appropriate. At that time, the unobservable inputs used in the fair value measurements are evaluated and adjusted, as necessary, based on current market conditions and other third-party information.

The preceding methods described may produce a fair value that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following tables set forth the fair value of the Master Trust's assets, by level, within ASC 820 fair value hierarchy, as of December 31, 2016 and 2015:

	December 31, 2016 Fair Value			
	Measurements Using:			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Cash	\$ 14,338,368			\$ 14,338,368
Common stock	53,944,028			53,944,028
Common stock – Hubbell Incorporated	40,048,639			40,048,639
Corporate bonds	13,006,483			13,006,483
U.S. Government securities	332,073,286			332,073,286
Registered investment companies	37,917,854			37,917,854
Common/collective trusts		\$27,669,710		27,669,710
Partnership/joint venture interests	24,654		\$47,103,370	47,128,024
Alternative investments and other		4,074,598	30,122,824	34,197,422
	<u>\$491,353,312</u>	<u>\$31,744,308</u>	<u>\$77,226,194</u>	<u>\$600,323,814</u>

HUBBELL INCORPORATED RETIREMENT PLAN
FOR COLLECTIVELY BARGAINED HOURLY EMPLOYEES

NOTES TO FINANCIAL STATEMENTS

Years Ended December 31, 2016 and 2015

6. Fair value measurements of investments (continued):

	December 31, 2015 Fair Value			
	Measurements Using:			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Cash	\$ 34,667,343			\$ 34,667,343
Common stock	62,066,731			62,066,731
Common stock – Hubbell Incorporated	34,674,503			34,674,503
Corporate bonds – preferred	2,487,732			2,487,732
Corporate bonds	121,036,544			121,036,544
U.S. Government securities	196,673,567			196,673,567
Registered investment companies	56,330,291			56,330,291
Common/collective trusts		\$22,470,614		22,470,614
Partnership/joint venture interests	31,507		\$47,829,797	47,861,304
Alternative investments and other		40,443,633	33,334,600	73,778,233
	\$507,968,218	\$62,914,247	\$81,164,397	\$652,046,862

The following tables provide a reconciliation of beginning and ending balances of assets measured at fair value on a recurring basis where the determination of fair value includes significant unobservable inputs (Level 3) for the years ended December 31, 2016 and 2015:

	<u>Partnership/ joint venture interests</u>	<u>Alternative investments and other</u>
Balance at January 1, 2016	\$47,829,797	\$33,334,600
Total gains	665,396	856,218
Contributions	90,196	
Investment and other income (loss)	(105,765)	
Distributions	(1,031,897)	(3,780,931)
Management and service fees	(344,357)	(287,063)
Balance at December 31, 2016	<u>\$47,103,370</u>	<u>\$30,122,824</u>

HUBBELL INCORPORATED RETIREMENT PLAN
FOR COLLECTIVELY BARGAINED HOURLY EMPLOYEES

NOTES TO FINANCIAL STATEMENTS

Years Ended December 31, 2016 and 2015

6. **Fair value measurements of investments** (continued):

	Partnership/ joint venture interests	Alternative investments and other
Balance at January 1, 2015	\$33,149,457	\$33,757,635
Total gains	671,284	1,310,267
Contributions	15,047,282	
Investment and other income	302,257	
Distributions	(1,062,080)	(1,442,465)
Management and service fees	(278,403)	(290,837)
Balance at December 31, 2015	<u>\$47,829,797</u>	<u>\$33,334,600</u>

7. **Accumulated Plan benefits:**

The actuarial present value of accumulated Plan benefits, as presented below, is based upon an actuarial valuation made as of December 31, 2016 and 2015.

	<u>2016</u>	<u>2015</u>
Vested benefits:		
Participants currently receiving payments	\$ 81,068,100	\$ 84,785,600
Other participants	<u>76,912,400</u>	<u>71,188,700</u>
Total vested benefits	157,980,500	155,974,300
Nonvested benefits	<u>1,630,100</u>	<u>1,659,600</u>
Total actuarial present value of accumulated Plan benefits	<u>\$159,610,600</u>	<u>\$157,633,900</u>

HUBBELL INCORPORATED RETIREMENT PLAN
FOR COLLECTIVELY BARGAINED HOURLY EMPLOYEES

NOTES TO FINANCIAL STATEMENTS

Years Ended December 31, 2016 and 2015

7. Accumulated Plan benefits (continued):

The actuarial present value of accumulated plan benefits at December 31, 2016 and 2015 increased by \$1,976,700 and decreased by \$15,403,900, respectively, from such benefits at the beginning of the year as follows:

	<u>2016</u>	<u>2015</u>
Actuarial present value of accumulated Plan benefits at January 1,	<u>\$157,633,900</u>	<u>\$173,037,800</u>
Increase (decrease) during the year attributable to:		
Change in actuarial assumptions	9,919,400	(10,439,300)
Benefits accumulated and Plan experience	1,045,400	1,948,800
Interest attributable to decrease in discount period	7,358,900	7,138,500
Retirement annuity purchase	(8,700,000)	
Benefits paid	(7,922,900)	(14,051,900)
Plan amendments	<u>275,900</u>	
Net increase (decrease)	<u>1,976,700</u>	<u>(15,403,900)</u>
Actuarial present value of accumulated Plan benefits at December 31,	<u>\$159,610,600</u>	<u>\$157,633,900</u>

8. Summary of financial data certified by the Plan Trustee:

The following is a summary of the financial information and data certified by the Trustee in accordance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

HUBBELL INCORPORATED RETIREMENT PLAN
FOR COLLECTIVELY BARGAINED HOURLY EMPLOYEES

NOTES TO FINANCIAL STATEMENTS

Years Ended December 31, 2016 and 2015

8. **Summary of financial data certified by the Plan Trustee** (continued):

The following represents information relating to the Master Trust:

HUBBELL INCORPORATED
MASTER PENSION TRUST

STATEMENTS OF NET ASSETS

	December 31,	
	<u>2016</u>	<u>2015</u>
Accrued income receivable	\$ 3,076,518	\$ 3,291,650
Investments at fair value:		
Cash	14,338,368	34,667,343
Common stock	53,944,028	62,066,731
Common stock - Hubbell Incorporated	40,048,639	34,674,503
Corporate bonds - preferred		2,487,732
Corporate bonds	13,006,483	121,036,544
U.S. Government securities	332,073,286	196,673,567
Registered investment companies	37,917,854	56,330,291
Common/collective trusts	27,669,710	22,470,614
Partnership/joint venture interests	47,128,024	47,861,304
Alternative investments and other	<u>34,197,422</u>	<u>73,778,233</u>
	<u>\$603,400,332</u>	<u>\$655,338,512</u>

HUBBELL INCORPORATED RETIREMENT PLAN
FOR COLLECTIVELY BARGAINED HOURLY EMPLOYEES

NOTES TO FINANCIAL STATEMENTS

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8. **Summary of financial data certified by the Plan Trustee** (continued):

HUBBELL INCORPORATED
MASTER PENSION TRUST

**STATEMENTS OF INCOME, EXPENSES
AND CHANGES IN NET ASSETS**

	<u>2016</u>	<u>2015</u>
Net assets at beginning of year	<u>\$655,338,512</u>	<u>\$724,705,754</u>
Additions:		
Dividend income	2,223,932	1,855,171
Interest income	12,890,632	16,328,047
Contributions	10,000,000	20,000,000
Other investment income	<u>26,637</u>	<u>29,126</u>
	<u>25,141,201</u>	<u>38,212,344</u>
Net unrealized appreciation (depreciation):		
Common stock	5,653,206	(4,268,603)
Corporate bonds	462,041	(7,932,956)
U.S. Government securities	(26,356,454)	(5,801,192)
Registered investment companies	(1,092,190)	(7,647,575)
Partnership/joint venture interests	2,228,238	1,970,907
Alternative investments and other	<u>2,363,121</u>	<u>228,459</u>
	<u>(16,742,038)</u>	<u>(23,450,960)</u>
Realized gain (loss):		
Common stock	2,307,550	704,799
Preferred stock	(33,571)	(119,935)
Corporate bonds	3,862,775	(8,512,303)
U.S. Government securities	3,419,586	(1,421,569)
Registered investment companies	4,060	(1,699,733)
Partnership/joint venture interests	(2,016,052)	(1,279,291)
Alternative investments and other	<u>12,200,957</u>	<u>(5,792,602)</u>
	<u>19,745,305</u>	<u>(18,120,634)</u>
Total additions	<u>28,144,468</u>	<u>(3,359,250)</u>
Deductions:		
Benefit payments	75,368,016	60,147,765
Investment and other expenses	<u>4,714,632</u>	<u>5,860,227</u>
Total deductions	<u>80,082,648</u>	<u>66,007,992</u>
Net assets at end of year	<u>\$603,400,332</u>	<u>\$655,338,512</u>

HUBBELL INCORPORATED RETIREMENT PLAN
FOR COLLECTIVELY BARGAINED HOURLY EMPLOYEES

NOTES TO FINANCIAL STATEMENTS

Years Ended December 31, 2016 and 2015

9. Federal income tax status:

The Internal Revenue Service has previously ruled that the Plan and the Master Trust meet the requirements of Section 401(a) of the Internal Revenue Code (the “Code”) and that the Master Trust is exempt from federal income taxes under Section 501(a) of the Code. Accordingly, no provision has been made for U.S. income taxes. The Plan’s most recent determination letter is dated December 12, 2012. The Plan has been amended since receiving their determination letter. However, the Plan Administrator and the Plan’s tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Code.

Under present federal income tax laws and regulations, a participant will not be subject to federal income taxes on the contributions by their employer, or on the interest, dividends or profits on the sale of securities received by the Trustee until the participant’s benefits commence.

Management evaluated the Plan’s tax position and has concluded that as of December 31, 2016, the Plan has not taken any uncertain tax positions that require recognition of a liability (or asset) or disclosure in the financial statements.

The Plan administrator believes the Plan is no longer subject to income tax examinations for years prior to 2013.

10. Risks and uncertainties:

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants’ account balances and the amounts reported in the statement of net assets available for benefits.

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

HUBBELL INCORPORATED RETIREMENT PLAN
FOR COLLECTIVELY BARGAINED HOURLY EMPLOYEES

NOTES TO FINANCIAL STATEMENTS

Years Ended December 31, 2016 and 2015

11. Related party transactions:

Certain Plan investments in the Master Trust are shares of Hubbell Incorporated common stock. The Trust held 343,176 shares at December 31, 2016 and 2015 and valued at \$40,048,639 and \$34,674,503. These investments qualify as party-in-interest transactions which are exempt from prohibited transaction rules under ERISA.

Fees paid by the Plan to The Northern Trust Company, the trustee of the Plan, for services provided were approximately \$119,100 and \$113,700 in 2016 and 2015, respectively.

12. Subsequent events:

Plan management has evaluated subsequent events through October 13, 2017, the date which the financial statements were available for issue.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26 Schedule of Active Participant Data as of January 1, 2016

Attained Age	Years of Credited Service																			
	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34		35 to 39		40 & Over	
	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.
Under 25	37		37		3		0		0		0		0		0		0		0	
25 - 29	21		71		8		2		0		0		0		0		0		0	
30 - 34	18		74		25		18		0		0		0		0		0		0	
35 - 39	21		49		17		16		18		3		0		0		0		0	
40 - 44	16		62		25		23		23		15		3		0		0		0	
45 - 49	22		50		15		27		30		27		26		3		0		0	
50 - 54	11		57		20		20		30		35		35		22		3		0	
55 - 59	6		37		27		29		32		50		27		51		29		2	
60 - 64	1		24		15		17		25		28		23		52		22		22	
65 - 69	1		1		1		5		2		5		4		14		3		3	
70 & Over	0		0		0		0		0		1		0		1		0		0	

Plan Name: Hubbell Incorporated Retirement Plan for Collectively Bargaining Hourly Employees
 EIN / PN: 06-0397030/007
 Plan Sponsor: Hubbell Incorporated
 Valuation Date: January 1, 2016

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest Rate Basis

- Applicable month September
- Yield curve basis 3-Segment Rates

Interest Rates	Reflecting Corridors	Not Reflecting Corridors
■ First segment rate	4.43%	1.34%
■ Second segment rate	5.91%	4.03%
■ Third segment rate	6.65%	5.06%
■ Effective interest rate	6.09%	4.34%

Plan Name: Hubbell Incorporated Retirement Plan for Collectively Bargaining Hourly Employees
EIN / PN: 06-0397030/007
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SCHEDULE SB ATTACHMENTS

Demographic Assumptions

Inclusion Date The valuation date coincident with or next following the date on which the employee becomes a participant.

New or Rehired Employees It is assumed there will be no new or rehired employees.

Plan-Related Expenses The amount included this year for plan-related expenses is \$1,120,000.

Mortality

■ **Healthy** The prescribed mortality assumption under Section 430(h)(3)(A) of the Internal Revenue Code using static tables with separate mortality rates for annuitants and non-annuitants.

■ **Disabled** Mortality in accordance with Revenue Ruling 96-7.

Representative Termination Rates (Per 100 Employees) Termination rates are based on the rates published for hourly workers in the 2003 Pension Plan and Termination Study published by the Society of Actuaries.

Age	Percentage Leaving During the Year
20	4.3
25	3.4
30	2.7
35	2.2
40	1.7
45	1.4
50	1.1

Disability

One-half Railroad Board's 12th valuation rates of disablement combined with post-disablement mortality rates included in Revenue Ruling 96-7, assuming all post 1994 disabled retirees would be eligible for Social Security disability benefits. We increased the liability by 50% for pre-65 disabled retirees in the Leeds Molders, Pattern Makers, and Clanton Molders divisions to account for double disability benefits prior to age 65 for said employees ineligible for Social Security disability.

Plan Name: Hubbell Incorporated Retirement Plan for Collectively Bargaining Hourly Employees
EIN / PN: 06-0397030/007
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Valuation Date: January 1, 2016

SCHEDULE SB ATTACHMENTS

Demographic Assumptions, Continued

Retirement Age

- (a) For Anderson Leeds Molders, Anderson Pattern Makers, Anderson Clanton Molders Age 62 if age plus service equals 90 or more, else following rates in (b).
- (b) All other divisions Rates varying by age, average age 64.

Age	Assumed Rate of Retirement Per 100 Employees
55 - 59	3
60 - 61	4
62 - 64	11
65 - 66	20
67 - 69	25
70	100

Benefit

Commencement Date

- Preretirement death benefit Later of death or age 55.
- Deferred vested benefit Age 65.
- Disability benefit Upon disablement.
- Retirement benefit Upon retirement.

Form of Payment 50% are assumed to elect a 50% joint and survivor annuity upon retirement and 50% are assumed to elect a life annuity.

Percent Married For purposes of valuing the pre-retirement death benefit, 85% of participants are assumed to be married.

Plan Name: Hubbell Incorporated Retirement Plan for Collectively Bargaining Hourly Employees
EIN / PN: 06-0397030/007
Plan Sponsor: Hubbell Incorporated
Valuation Date January 1, 2016

SCHEDULE SB ATTACHMENTS

Demographic Assumptions, Continued

Spouse Age	Wives are assumed to be three years younger than their husbands.
Timing of Benefit	Annuity payments are payable monthly at the beginning of the month.

Methods

Valuation Date	First day of plan year.
Funding Target	Present value of accrued benefits as required by regulations under IRC §430.
Target Normal Cost	Present value of benefits expected to accrue during plan year plus plan-related expenses expected to be paid from plan assets during plan year, as required by regulations under IRC §430.
Actuarial Value of Assets	Average of the fair market value of assets on the valuation date and the dates 12 and 24 months before the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the prior plan year.)
Data	Participant data was supplied electronically by Hubbell Incorporated.
Benefits Not Valued	All benefits described in the Plan Provisions section of this report were valued. Willis Towers Watson is not aware of any significant benefits required to be valued that were not.

Plan Name:	Hubbell Incorporated Retirement Plan for Collectively Bargaining Hourly Employees
EIN / PN:	06-0397030/007
Plan Sponsor:	Hubbell Incorporated
Valuation Date	January 1, 2016

SCHEDULE SB ATTACHMENTS

Assumptions Rationale – Significant Economic Assumptions

Interest Rate	The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.
Assumed Return for Asset Smoothing	The assumed return of 6.20% used for asset smoothing is the expected return on assets assumption chosen by the plan sponsor for the 2016 plan year under U.S. GAAP and does not significantly conflict with what would be reasonable based on their asset allocation.

Assumptions Rationale – Significant Demographic Assumptions

Healthy Mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h).
Disabled Mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h).
Termination	Termination rates were based on a published table for pension participants believed to have similar characteristics to the plan population.
Disability	The disability rates are based on plan sponsor expectations for the future. Valuation results are reviewed annually with respect to gains and losses caused by disability patterns different than assumed, as well as annual consideration of whether conditions have changed that would be expected to produce different results in the future.
Retirement	Retirement rates were based on an experience study conducted in 2014, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.

Plan Name:	Hubbell Incorporated Retirement Plan for Collectively Bargaining Hourly Employees
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Valuation Date	January 1, 2016

SCHEDULE SB ATTACHMENTS

Source of Prescribed Methods

Funding Methods

The methods used for funding purposes as described in Appendix A, including the method of determining plan assets, are "prescribed methods set by law", as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430.

Changes in Assumptions and Methods

Change in Assumptions and Methods since Prior Valuation

In addition to the prescribed change in the mortality table, the following changes in assumptions and methods were made as part of this valuation:

- The plan's effective interest rate decreased 22 basis points compared to the prior year (6.31% versus 6.09%).
- The assumed plan-related expenses added to the target normal cost were changed from \$650,000 for 2015 to \$1,120,000 for 2016.

Plan Name: Hubbell Incorporated Retirement Plan for Collectively Bargaining Hourly Employees
EIN / PN: 06-0397030/007
Plan Sponsor: Hubbell Incorporated
Valuation Date: January 1, 2016

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Hubbell Incorporated
EIN/PN	06-0397030/007
Plan Name	Hubbell Incorporated Retirement Plan for Collectively Bargained Hourly Employees
Valuation Date	January 1, 2016
Enrolled Actuary	Steven T James
Enrollment Number	17-06406

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 <div style="border: 1px solid black; padding: 5px; text-align: center; font-weight: bold;">2016</div> This Form is Open to Public Inspection
---	--	--

Part I Annual Report Identification Information	
For calendar plan year 2016 or fiscal plan year beginning	and ending
A This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions)	
B This return/report is: ☒ a single-employer plan ☐ a DFE (specify) _____ ☐ the first return/report ☐ the final return/report ☒ an amended return/report ☐ a short plan year return/report (less than 12 months)	
C If the plan is a collectively-bargained plan, check here ☒	
D Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)	

Part II Basic Plan Information - enter all requested information											
1a Name of plan HUBBELL INC. RETIREMENT PLAN FOR COLLECTIVELY BARGAINED HOURLY EMPLOYEES	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">1b Three-digit plan number (PN) ►</td> <td style="width: 40%; text-align: center;">007</td> </tr> <tr> <td colspan="2">1c Effective date of plan 08/01/1959</td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) 06-0397030</td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number 475-882-4000</td> </tr> <tr> <td colspan="2">2d Business code (see instructions) 335900</td> </tr> </table>	1b Three-digit plan number (PN) ►	007	1c Effective date of plan 08/01/1959		2b Employer Identification Number (EIN) 06-0397030		2c Plan Sponsor's telephone number 475-882-4000		2d Business code (see instructions) 335900	
1b Three-digit plan number (PN) ►	007										
1c Effective date of plan 08/01/1959											
2b Employer Identification Number (EIN) 06-0397030											
2c Plan Sponsor's telephone number 475-882-4000											
2d Business code (see instructions) 335900											
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) HUBBELL INC. & SUBSIDIARIES 40 WATERVIEW DRIVE P.O. BOX 1000 SHELTON CT 06484-1000											

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE		1/2/20	STEPHEN M. MAIS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number) Dworken, Hillman, LaMorte & Sterczala Four Corporate Dr. Suite 488 Shelton CT 06484			Preparer's telephone number 203-929-3535

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2016 This Form is Open to Public Inspection
For calendar plan year 2016 or fiscal plan year beginning <u>01/01/2016</u> and ending <u>12/31/2016</u>		

- ▶ **Round off amounts to nearest dollar.**
- ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan HUBBELL INCORPORATED RETIREMENT PLAN FOR COLLECTIVELY BARGAINED HOURLY EMPLOYEES	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">B Three-digit plan number (PN) ▶</td> <td style="width: 30%; text-align: center;">007</td> </tr> <tr> <td colspan="2">D Employer Identification Number (EIN) 06-0397030</td> </tr> </table>	B Three-digit plan number (PN) ▶	007	D Employer Identification Number (EIN) 06-0397030	
B Three-digit plan number (PN) ▶	007				
D Employer Identification Number (EIN) 06-0397030					
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF HUBBELL INCORPORATED					
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500					

Part I Basic Information			
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2016</u>			
2 Assets:			
a Market value.....	2a	147,850,114	
b Actuarial value	2b	156,142,220	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	2,384	72,344,233	72,344,233
b For terminated vested participants	1,225	24,482,895	24,482,895
c For active participants	1,598	31,855,478	33,565,032
d Total	5,207	128,682,606	130,392,160
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate.....	5	6.09%	
6 Target normal cost	6	2,503,998	

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	Steven T James Signature of actuary	<u>9/19/2017</u> Date 1706406 Most recent enrollment number 901-930-0000 Telephone number (including area code)
	Steven T James Type or print name of actuary Towers Watson Delaware Inc. Firm name 3340 Players Club Parkway Suite 200 Memphis TN 38125 Address of the firm	

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	29,082,220	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	2,187,938	0
9 Amount remaining (line 7 minus line 8).....	26,894,282	0
10 Interest on line 9 using prior year's actual return of <u>-3.82%</u>	-1,027,362	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year).....		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.31%</u>		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance.....		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d - line 12).....	25,866,920	0

Part III Funding Percentages

14 Funding target attainment percentage	14	99.91%
15 Adjusted funding target attainment percentage.....	15	119.74%
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	122.36%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
12/29/2016	3,700,000	0			
Totals ▶	18(b)	3,700,000	18(c)		0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years.....	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	3,488,750

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year?.....	☐ Yes ☒ No
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☐ Yes ☐ No
c If line 20a is "Yes," see instructions and complete the following table as applicable:	

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:			
a Segment rates:	1st segment: 4.43 %	2nd segment: 5.91 %	3rd segment: 6.65 %
			☐ N/A, full yield curve used
b Applicable month (enter code).....			21b 4
22 Weighted average retirement age			22 64
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.		☒ Yes ☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.		☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.		☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	27	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6).....		31a	2,503,998
b Excess assets, if applicable, but not greater than line 31a		31b	0
32 Amortization installments:		Outstanding Balance Installment	
a Net shortfall amortization installment.....		0	0
b Waiver amortization installment		0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount		33	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....		34	2,503,998
		Carryover balance	Prefunding balance
35 Balances elected for use to offset funding requirement.....		0	0
36 Additional cash requirement (line 34 minus line 35).....		36	2,503,998
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....		37	3,488,750
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)		38a	984,752
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances		38b	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....		39	0
40 Unpaid minimum required contributions for all years		40	0

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected		☐ 2 plus 7 years ☐ 15 years	
b Eligible plan year(s) for which the election in line 41a was made		☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011	
42 Amount of acceleration adjustment		42	0
43 Excess installment acceleration amount to be carried over to future plan years		43	0

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of January 1, 2016

See the Statement of Actuarial Assumptions/Methods for retirement rates. The average retirement age for Line 22 was calculated by determining the average age at retirement for those current active participants expected to reach retirement, based on all current decrements assumed.

<u>Age</u>	<u>Rate of Retirement Independent</u>	<u>Rate of Retirement Dependent</u>	<u>Weighted Age</u>
55	3.00%	3.00%	1.7
56	3.00%	2.91%	1.6
57	3.00%	2.82%	1.6
58	3.00%	2.74%	1.6
59	3.00%	2.66%	1.6
60	4.00%	3.43%	2.1
61	4.00%	3.30%	2.0
62	11.00%	8.71%	5.4
63	11.00%	7.75%	4.9
64	11.00%	6.90%	4.4
65	20.00%	11.16%	7.3
66	20.00%	8.93%	5.9
67	25.00%	8.93%	6.0
68	25.00%	6.70%	4.6
69	25.00%	5.02%	3.5
70	100.00%	15.06%	10.5
Average age at Retirement			64.5
Nearest whole age			64.0

Plan Name: Hubbell Incorporated Retirement Plan for Collectively Bargaining Hourly Employees
EIN / PN: 06-0397030/007
Plan Sponsor: Hubbell Incorporated
Valuation Date: January 1, 2016

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

Plan Provisions

Plan Sponsor	Hubbell Incorporated
Plan	Hubbell Incorporated Retirement Plan for Collectively Bargained Hourly Employees
Effective date	August 1, 1959, as amended through January 1, 2016.

Eligibility for Benefits

Eligibility	All regular full-time hourly employees covered by unions that have adopted this Plan. Centralia, Prescolite-Moldcast El Dorado IAM and IBEW, and Prescolite-Moldcast San Leandro IBEW employees must complete one year of service to be eligible. Employees at Columbia Lighting Spokane and Raco are eligible after attainment of age 21 and completion of 1 year of Credited Service.
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Retirement Dates

Normal	Age 65 and 5 years of service (5 years of participation for Centralia Divisions). If earlier for Progress Production and Maintenance: age 62 with 30 years of vesting service. Age 65 for Columbia Lighting Spokane and Raco. Age 65 and the earlier of 5 years of Vesting Service or 5 years of plan participation for Spaulding Lighting.
Early	Age 55 and 10 years of service (age 60 and 10 years of service for the Martin, Parkersburg, Centralia Divisions, and Raco), and age 55 and 15 years of vesting service for Columbia Lighting Spokane, Prescolite-Moldcast El Dorado IAM, IBT and IBEW, and Prescolite-Moldcast San Leandro IBEW employees.
Disability	Six months following total and permanent disablement, if disabled after 15 years of service. (10 years of service for the Bell, Centralia, Columbia Lighting Spokane, Industrial Controls, Killark, Martin, Parkersburg Divisions, Raco, and Spaulding Lighting, 8 years for Progress Production and Maintenance, and immediate for Prescolite-Moldcast El Dorado IAM, IBT and IBEW, and Prescolite-Moldcast San Leandro IBEW employees).
Late	After normal retirement date.

Plan Name:	Hubbell Incorporated Retirement Plan for Collectively Bargaining Hourly Employees
EIN / PN:	06-0397030/007
Plan Sponsor:	Hubbell Incorporated
Valuation Date	January 1, 2016

SCHEDULE SB ATTACHMENTS

Retirement Benefits

Normal

(a) For Aiken Division For employees hired before January 1, 1975:

Benefit Multiplier	Termination Date
\$25.00	Prior to 01/01/2010
\$25.50	01/01/2010 - 12/31/2010
\$26.00	01/01/2011 - 12/31/2011
\$26.50	01/01/2012 - 12/31/2012
\$26.75	01/01/2013 - 12/31/2013
\$27.25	01/01/2014 - 12/31/2014
\$28.25	01/01/2015 - 12/31/2015
\$28.75	01/01/2016 -

For employees hired after January 1, 1975, the following benefit multipliers in effect for various termination dates are as follows:

Benefit Multiplier			Termination Date
1 - 10 Years	10 - 30 Years	Greater than 30 Years	
\$14.00	\$16.25	\$18.50	Prior to 01/01/2010
\$14.50	\$16.75	\$19.00	01/01/2010 - 12/31/2010
\$15.00	\$17.25	\$19.50	01/01/2011 - 12/31/2011
\$15.50	\$17.75	\$20.00	01/01/2012 - 12/31/2012
\$15.75	\$18.00	\$20.25	01/01/2013 - 12/31/2013
\$16.25	\$18.50	\$20.75	01/01/2014 - 12/31/2014
\$16.75	\$19.00	\$21.25	01/01/2015 - 12/31/2015
\$17.25	\$19.50	\$21.75	01/01/2016 -

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Retirement Benefits, Continued

- (b) For Anderson Clanton Molders Division The sum of the following multipliers for the following periods for employees hired before April 20, 2001:

Benefit Multiplier	Period
\$24.00	Prior to 01/02/1996
\$25.00	01/02/1996 - 09/15/1997
\$26.00	09/16/1997 - 09/15/1998
\$27.00	09/15/1998

Employees hired on or after April 20, 2001 will have a \$15.00 multiplier.

- (c) For Anderson Leeds Molders Division (Local 85B) For employees hired before September 16, 1999:

Benefit Multiplier	Period
\$27.85	Prior to 10/01/2009
\$28.35	10/01/2009 - 09/30/2010
\$28.85	10/01/2010 - 09/30/2011
\$29.35	10/01/2011 - 09/30/2012
\$29.85	10/01/2012 - 09/30/2013
\$30.35	10/01/2013 - 09/30/2014
\$30.85	10/01/2014 - 09/30/2015
\$31.85	10/01/2015 - 09/30/2016
\$32.85	10/01/2016 - 09/30/2017
\$33.85	10/01/2017 -

For employees hired after September 15, 1999:

- Effective December 1, 2015, no participant will accrue any additional benefits for future service under the plan.

Benefit Multiplier	Period
\$15.00	Prior to 10/01/2009
\$15.50	10/01/2009 - 09/30/2010
\$16.00	10/01/2010 - 09/30/2011
\$16.50	10/01/2011 - 09/30/2012
\$17.00	10/01/2012 - 09/30/2013
\$17.50	10/01/2013 - 09/30/2014
\$18.00	10/01/2014 -

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Retirement Benefits, Continued

- (d) For Anderson Leeds Pattern Makers (Lodge PM 2802) The sum of the following multipliers for the following periods.

Benefit Multiplier	Period
\$25.85	01/03/1996 - 09/15/1997
\$26.85	09/16/1997 - 09/15/1998
\$27.85	09/16/1998 - 09/30/2000

Effective October 1, 2000, no participant will accrue any additional benefits for future service under the plan.

- (e) For Centralia Division The following benefit multipliers in effect for various termination dates are as follows. Service cap will increase to 36 years effective January 1, 2016.

Benefit Multiplier	Period
\$21.00	Prior to 01/01/2006
\$23.00	01/01/2006 - 12/31/2008
\$26.00	01/01/2009 - 12/31/2011
\$26.75	01/01/2012 - 12/31/2012
\$27.75	01/01/2013 - 12/31/2013
\$29.50	01/01/2014 - 12/31/2015
\$30.25	01/01/2016 - 12/31/2016
\$31.00	01/01/2017 - 12/31/2017
\$31.75	01/01/2018 - 12/31/2018
\$32.50	01/01/2019 -

- (f) For Christiansburg Division \$19.00 per month for each year of service prior to January 1, 2009, and \$20.00 per month for each year of service on or after January 1, 2009.

- (g) For Columbia Lighting Spokane The Future Service (Service after August 31, 1965) Multiplier in effect at termination multiplied by Future Service plus the Past Service Multiplier in effect at termination multiplied by Past Service (Service prior to September 1, 1965).

Benefit Multiplier		Effective Date
Past Service	Future Service	
\$13.50	\$22.50	10/14/1997
\$14.00	\$23.00	10/14/1998
\$15.00	\$24.00	11/02/2001
\$16.00	\$25.00	11/02/2004

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Retirement Benefits, Continued

- (h) For Devine Division \$9.00 per month for each year of pension service. No future benefits will accrue after February 1, 1994.
- (i) For Industrial Controls Division \$21.00 per month for each year of service, for the first forty years of credited service.
- (j) For Killark Division The sum of the following multipliers for the following periods:

Benefit Multiplier	Period
\$6.50	Prior to 01/01/1983
\$7.50	01/01/1983 - 12/31/1983
\$8.50	01/01/1984 - 12/31/1984
\$9.50	01/01/1985 - 12/31/1988
\$10.50	01/01/1989 - 12/31/1989
\$11.50	01/01/1990 - 12/31/1991
\$12.50	01/01/1992 - 12/31/1992
\$13.50	01/01/1993 - 12/31/1993
\$14.50	01/01/1994 - 12/31/1994
\$15.50	01/01/1995 - 12/31/1995
\$16.50	01/01/1996 - 12/31/1996
\$17.50	01/01/1997 - 04/30/1999
\$18.50	05/01/1999 - 04/30/2000
\$19.50	05/01/2000 - 12/31/2000
\$20.00	01/01/2001 - 12/31/2001
\$21.00	01/01/2002 - 12/31/2002
\$21.83	01/01/2003 - 12/31/2003
\$22.83	01/01/2004 - 12/31/2004
\$23.67	01/01/2005 - 12/31/2006
\$24.67	01/01/2007 - 12/31/2007
\$25.67	01/01/2008 - 12/31/2008
\$26.67	01/01/2009 - 12/31/2009
\$27.67	01/01/2010 - 12/31/2010
\$28.67	01/01/2011 - 12/31/2011
\$29.67	01/01/2012 - 12/31/2012
\$30.67	01/01/2013 - 12/31/2013
\$31.67	01/01/2014 - 12/31/2014
\$32.67	01/01/2015 - 12/31/2015
\$33.67	01/01/2016 -

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Plus 3/4% of Final Average Earnings in excess of Covered Compensation, for each year of service determined as of December 31, 1988.

- (k) For Martin Division Effective April 1, 2001, \$17.00 per month for the first 35 years. Service cap will increase to 36, 37 and 38 years effective April 1, 2002, April 1, 2003 and April 1, 2004, respectively. Effective April 1, 2003, the multiplier will increase to \$18 for each year of service.

- (l) For Ontario Division The sum of the following multipliers for the following periods:

Benefit Multiplier	Period
\$13.50	Prior to 12/01/2004
\$14.50	12/01/2004 - 11/30/2007
\$15.00	12/01/2007 - 11/30/2009
\$16.00	12/01/2009 -

- (m) For Parkersburg Division \$19.00 per month for the first 30 years of benefit service.

- (n) For Prescolite – Moldcast El Dorado IAM The multiplier in effect at termination multiplied by Credited Service:

Benefit Multiplier	Period
\$8.00	01/01/1987
\$9.00	01/01/1988
\$10.00	09/01/1988
\$11.00	09/01/1989
\$12.00	09/01/1990
\$13.00	09/01/1992
\$14.00	09/01/1993
\$15.00	03/01/1995
\$16.00	09/01/1996
\$17.00	08/01/1997
\$18.00	09/01/1998
\$18.50	09/01/2000
\$19.50	09/01/2001
\$20.00	09/01/2002

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Retirement Benefits, Continued

- (o) For Prescolite – The multiplier in effect at termination multiplied by Credited Service:
Moldcast El Dorado
IBEW

Benefit Multiplier	Period
\$5.00	Prior to 01/01/1982
\$8.00	01/01/1982
\$9.00	01/01/1986
\$11.00	01/01/1988
\$12.00	11/01/1989
\$13.00	11/01/1991
\$14.00	11/01/1994
\$15.00	11/01/1995
\$16.00	11/01/1996
\$17.00	11/01/1999
\$18.00	11/01/2001

- (p) For Prescolite – The multiplier in effect at termination multiplied by Credited Service:
Moldcast San
Leandro IBEW

Benefit Multiplier	Effective Date
\$12.00	09/01/1986
\$15.00	09/01/1989
\$16.00	09/01/1992
\$18.00	03/01/1995

- (q) For Progress The multiplier in effect at termination multiplied by Credited Service:
Production and
Maintenance

Benefit Multiplier	Period
\$13.50	01/01/1987
\$14.50	10/01/1987
\$14.50	10/01/1988
\$16.00	10/01/1989
\$17.50	10/01/1991
\$18.50	10/01/1994
\$19.50	10/01/1995
\$20.50	10/01/1998
\$21.50	10/01/2001
\$22.50	10/01/2002
\$23.50	10/01/2003

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Retirement Benefits, Continued

- (r) For Wiegmann Division The sum of the following multipliers for the following periods. Pre-January 1, 1994 benefit was frozen under prior plan. Effective December 31, 2015, participants hired on or after January 1, 2000 will no longer accrue any additional benefits for future service under the plan.

Benefit Multiplier	Period
\$20.00	01/01/1994 - 12/31/1995
\$21.00	01/01/1996 - 12/31/1997
\$22.00	01/01/1998 - 12/31/1998
\$23.00	01/01/1999 - 12/31/1999
\$24.00	01/01/2000 - 12/31/2000
\$25.00	01/01/2001 - 12/31/2001
\$26.00	01/01/2002 - 12/31/2002
\$27.00	01/01/2003 - 12/31/2006
\$28.00	01/01/2007 - 12/31/2009
\$29.00	01/01/2010 - 12/31/2010
\$30.00	01/01/2011 - 12/31/2011
\$31.00	01/01/2012 - 12/31/2012
\$32.00	01/01/2013 - 12/31/2013
\$33.00	01/01/2014 -

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Retirement Benefits, Continued

(s) For Raco The sum of the following multipliers for the following periods. Effective December 31, 2015, no participant will accrue any additional benefits for future service under the plan.

Benefit Multiplier	Period
\$2.00	01/01/1945 - 12/31/1949
\$4.00	01/01/1950 - 12/31/1956
\$6.00	01/01/1957 - 12/31/1976
\$8.00	01/01/1977 - 12/31/1979
\$12.00	01/01/1980 - 12/31/1984
\$14.00	01/01/1985 - 12/31/1987
\$15.00	01/01/1988 - 12/31/1988
\$16.00	01/01/1989 - 12/31/1989
\$18.00	01/01/1990 - 12/31/1991
\$20.00	01/01/1992 - 12/31/1992
\$21.00	01/01/1993 - 12/31/1993
\$22.00	01/01/1994 - 04/30/1994
\$24.00	01/01/1995 - 12/31/1995
\$25.00	01/01/1996 - 12/31/1996
\$26.00	01/01/1997 - 12/31/1997
\$27.00	01/01/1998 - 12/31/1998
\$28.00	01/01/1999 - 12/31/1999
\$29.00	01/01/2000 - 12/31/2000
\$30.00	01/01/2001 - 12/31/2001
\$31.00	01/01/2002 - 12/31/2002
\$32.00	01/01/2003 - 12/31/2003
\$33.00	01/01/2004 - 12/31/2004
\$34.00	01/01/2005 - 12/31/2006
\$35.00	01/01/2007 - 12/31/2007
\$36.00	01/01/2008 - 12/31/2008
\$37.00	01/01/2009 - 12/31/2009
\$38.00	01/01/2010 - 12/31/2010
\$39.00	01/01/2011 - 12/31/2011
\$40.00	01/01/2012 - 12/31/2012
\$41.00	01/01/2013 - 12/31/2013
\$42.00	01/01/2014 - 12/31/2014
\$43.00	01/01/2015 - 12/31/2015

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Retirement Benefits, Continued

- (t) For Spaulding Lighting The monthly pension payable at Normal Retirement Date is the applicable multiplier multiplied by Credited Service:

Benefit Multiplier	Period
\$9.50	01/01/1987 - 03/08/1987
\$10.50	03/09/1987 - 03/08/1988
\$11.25	03/09/1988 - 03/08/1990
\$12.25	03/09/1990 - 03/31/1998
\$13.25	04/01/1998 - 03/08/2000
\$13.75	03/09/2000 - 03/08/2003
\$14.25	03/09/2003 -

- (u) For PCORE \$17.00 per month for each year of service.

Early Computed as in "Normal" above, based on service at early retirement, reduced for each month that early retirement precedes normal retirement as follows:

Aiken	0.600%
Bell	0.500%
Centralia	0.333%
Christiansburg	0.500%
Columbia Lighting Spokane	0.250%
Devine	
— First 60 months preceding 65	0.555%
— Next 60 months	0.278%
Industrial Controls	
— Less than 30 years of service	0.600%
— 30 years or more service	0.300%
Killark	
— First 72 months preceding 65	0.558%
— Next 48 months	0.275%
Martin	0.500%
Ontario	0.600%
Parkersburg	0.500%
Prescolite-Moldcast El Dorado IAM	
— First 60 months preceding 65	0.555%
— Next 60 months	0.278%
Prescolite-Moldcast El Dorado IBEW	
— First 60 months preceding 65	0.555%

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— Next 60 months	0.278%
Prescolite-Moldcast San Leandro IBEW	
— First 60 months preceding 65	0.555%
— Next 60 months	0.278%
Progress Production and Maintenance	
— First 60 months preceding 65	0.555%
— Next 60 months	0.278%
Wiegmann	0.600%
Raco	
— First 36 months preceding 65	0.417%
— Next 24 months	0.540%
Spaulding Lighting	
— First 60 months preceding 65	0.556%
— Next 60 months	0.278%
PCORE	0.500%

- Anderson Leeds Molders, Pattern Makers, and Clanton Molders The reduction is 6.0% per year, or, for employees with 30 years of service and whose age plus service equals 90 or more, an unreduced benefit based on 30 years of service.

In no event will the reduction be greater than actuarial equivalent.

Late Computed as in "Normal" above, but based on service to actual retirement date for all Divisions.

Disability Computed as in "Normal" above, based on projected service to normal retirement date for Christiansburg, Ohio Brass Aiken, Ontario, and Spaulding Lighting Divisions, and accrued service for all other Divisions. Benefits are payable at age 65 for Prescolite-Moldcast El Dorado IAM and IBEW, and Prescolite-Moldcast San Leandro IBEW Divisions. Benefits are payable immediately for all other locations.

Pre 65 benefits are doubled for disabled employees for Anderson Leeds Molders, Pattern Makers, and Clanton Molders for any month in which they are ineligible for Social Security disability benefits. Centralia employees receive \$100 per month, payable until age 65. At which time a normal retirement benefit based on service to date of disability will be payable. Parkersburg employees, disabled post October 6, 1988, receive the greater of \$100 or the monthly normal retirement benefit computed under "Normal" above, based on service at the date of disability.

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Death Benefits

Pre-Retirement

In the event of death of a vested employee prior to retirement, his surviving spouse will be entitled to 50% of the benefit payable to the participant if he had terminated employment on the day before death if active, retired at the earliest possible date under a 50% Joint and Survivor Option, and then died on the following day.

In addition, spouses of Progress Production and Maintenance participants who die after attaining age 45 are eligible to receive his or her benefit immediately.

In addition, for participants of Spaulding Lighting, a lump sum death benefit in the amount of \$52.50 for each full year of Credited Service is payable to the deceased member's beneficiary if there is no spouse eligible to receive benefits.

Post-Retirement

Unless a married participant elects otherwise, the normal form of benefit is a joint and 50% survivor annuity, actuarially reduced. Other benefits are based on elected options at retirement.

In addition, the following lump sum benefits are payable upon the death of a retiree whose benefits commenced immediately after termination of employment.

Division	Lump Sum Benefit
Bell	\$5,000
Christiansburg	\$1,000
Industrial Controls	\$4,000
Martin	\$2,000
Progress Production & Maintenance	\$6,000 (effective 10/01/1991)
Raco	\$50.00 for each full year of credited service, up to \$1,000

In addition, for participants of Spaulding Lighting receiving a single life annuity, a lump sum death benefit in the amount of \$52.50 for each full year of Credited Service is payable to the designated beneficiary.

Employee Contributions None.

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Death Benefits, Continued

Credited Service

All service, except for the first year of service and service prior to age 21 for Killark employees hired prior to January 1, 1983. Prior to 1995, Wiegmann employees began accruing credited service on the January 1st or July 1st following one year of service and age 21.

■ For Parkersburg and Centralia Divisions

Calendar years after November 30, 1978 for Parkersburg and September 30, 1983 for Centralia in which an employee completes 1,000 hours of service, limited to 30 years for Parkersburg and 35 years for Centralia.

Credited Service, measured in years and completed months, is all continuous service with Hubbell Incorporated. The requirements at other locations are as follows:

Division	Lump Sum Benefit
1,600	Anderson Clanton Molders
1,600	Anderson Leeds Molders
1,600	Anderson Leeds Pattern Makers
1,800	Columbia Lighting Spokane
1,600	Industrial Controls
1,600	Prescolite-Moldcast El Dorado IAM
2,080	Prescolite-Moldcast El Dorado IBE
1,900	Prescolite-Moldcast San Leandro IBEW
1,500	Raco (After 1976)

Vesting Service

Elapsed time for most locations. One year of Vesting Service is accrued for each plan year that the participant is credited with at least 1,000 hours of service for Columbia Lighting Spokane, Prescolite-Moldcast El Dorado IAM and IBEW, Prescolite-Moldcast San Leandro IBEW, Progress Production and Maintenance participants, and Spaulding Lighting.

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Death Benefits, Continued

Termination

Upon termination of employment after 5 or more years of service, an employee will be entitled to a deferred benefit determined as in 4(a) above, payable in full after age 65 or, if he has satisfied the service requirements for early retirement, a benefit on or after the early retirement date reduced as follows:

Aiken	Actuarially Equivalent
Anderson Clanton Molders	0.500%
Anderson Leeds Molders	0.500%
Anderson Leeds Pattern Makers	0.500%
Bell	Actuarially Equivalent
Centralia	0.333%
Christiansburg	Actuarially Equivalent
Columbia Lighting Spokane	0.250%
Devine	
— First 60 months preceding 65	0.555%
— Next 60 months	0.278%
Industrial Controls	0.600%
Killark	
— First 72 months preceding 65	0.558%
— Next 48 months	0.275%
Martin	Actuarially Equivalent
Ontario	Actuarially Equivalent
Parkersburg	0.500%
Prescolite-Moldcast El Dorado IAM	
— First 60 months preceding 65	0.555%
— Next 60 months	0.278%
Prescolite-Moldcast El Dorado IBEW	
— First 60 months preceding 65	0.555%
— Next 60 months	0.278%
Prescolite-Moldcast San Leandro IBEW	
— First 60 months preceding 65	0.555%
— Next 60 months	0.278%
Progress Production and Maintenance	
— First 60 months preceding 65	0.555%
— Next 60 months	0.278%
Wiegmann	Actuarially Equivalent
Raco	
— First 36 months preceding 65	0.417%
— Next 24 months	0.540%
Spaulding Lighting	
— First 60 months preceding 65	0.555%
— Next 60 months	0.278%
PCORE	0.500%

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Changes in Plan Provisions from the Prior Valuation

The following plan amendments occurred during 2015:

- Raco – For all participants, benefit accruals were frozen as of December 31, 2015
- Wiegmann – For participants hired on or after January 1, 2000, benefit accruals were frozen as of December 31, 2015
- Chance – The monthly benefit multiplier was increased from \$29.50 to:
 - \$30.25 for service between January 1, 2016 and December 31, 2016
 - \$31.00 for service between January 1, 2017 and December 31, 2017
 - \$31.75 for service between January 1, 2018 and December 31, 2018
 - \$32.50 for service after January 1, 2019

For all participants, the service cap increased from 35 to 36 years after January 1, 2016

- Leeds – For participants hired before September 16, 1999, the monthly benefit multiplier was increased from \$30.85 to
 - \$31.85 for service between October 1, 2015 and September 30, 2016
 - \$32.85 for service between October 1, 2016 and September 30, 2017
 - \$33.85 for service after October 1, 2017

For participants hired on or after September 16, 1999, benefit accruals were frozen as of December 1, 2015

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Schedule SB, Line 24 Change in Actuarial Assumptions

- The assumed plan-related expenses added to the target normal cost were changed from \$650,000 for 2015 to \$1,120,000 for 2016.

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